# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 5		
3 CANDIDATE / OFFICEHOLDER NAME	Ms/Ms/Ms First  Mr. Jasper  NICKNAME LAST  Jay Cuellar	A. SUFFIX  Jr.	OFFICE USE ONLY  Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	-	DITY; STATE; ZIP CODE			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER ( 361 ) 676-5838	EXTENSION	Date Hand delivered or Date Postmarked		
6 CAMPAIGN TREASURER	Ms/MRs/MR FIRST Mr. Jasper	мі А.	Receipt # Amount \$		
NAME	MI. Dasper	A. SUFFIX	Cate Processed		
	Jay Cuellar	Jr.	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	street address (no po box please); apt/sl 108 Boston St. E	uite#; city; state; Port Lavaca TX	ZIP CODE 77979		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ( 361 ) 676-5838				
9 REPORT TYPE	January 15 30th day before ele		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 04 / 04 / 2019	Month 04	Day Year / 26 / 2019		
11 ELECTION	Month Day Year Primary  05 04 2019 X General	ELECTION TYPE  Runoff Other Description Special			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If known	)		
	N/A	Calhoun Port Commission	Authority District :		
·	go то	PAGE 2			

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 G/OH NAME Ja	asper "Jay"	Cuellar Jr. 15 F	iler ID (Ethi	cs Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S				
	COMMITTEE TYPE	COMMITTEE NAME	•		
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$	0.00	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	100.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$	0.00	
	4. TOTAL POLITICAL EXPENDITURES		\$	0.00	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD			200.00	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			1,026.31	
18 AFFIDAVIT					
		I swear, or affirm, under penalty of perjurtrue and correct and includes all informatunder Title 15, Election Code.			
		Signature of Candida	te or Office	holder	
AFFIX NOTARY STAM	P/SEALABOVE	ν	<b></b> .	. 1	
Sworn to and subsc	_		) this ti	ne 25 <sup>1</sup> / <sub>4</sub>	
day of Offil	, 20 <u>_/</u> ,	to certify which, witness my hand and seal of office.	8	LYDIA CRUZ	
Signature of officer a	Administering gath	Printed name of officer administering oath	MyN	otary ID # 5444726	
		A OF THE REAL PROPERTY.			

## SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19 FILERNAME Jasper "Jay" Cuellar Jr.  20 Filer ID (Ethics Co	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 100.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. X SCHEDULE E: LOANS	\$ 1,026.31
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 1 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Jasper "Jay" Cuellar Jr 7 Amount of contribution (\$) 4 Date 5 Full name of contributor ut-of-state PAC (ID#:\_\_ \$100.00 Larry Robinson Contributor address; 6 Contributor address; City; State; Zip Code PO Box 268 Point Comfort TX 77978 Principal occupation / Job title (See Instructions) Employer (See Instructions) Pilot Boat Captain / Retired A/AFull name of contributor ut-of-state PAC (ID#: Date Amount of contribution (\$) Contributor address; City; State; Zip Code Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor ut-of-state PAC (ID#:\_ Date Amount of contribution (\$) Contributor address; City; State; Zip Code Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

City; State; Zip Code

Contributor address;

Principal occupation / Job title (See Instructions)

### LOANS

### SCHEDULE E

The	1 Total pages Schedule E:		
2 FILER NAME Jasper "Ja	3 Filer ID (Ethics Commission Filers)		
TOTAL OF UN	ITEMIZED LOANS		\$ -0-
5 Date of loan	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$)
3/29/2019	Jasper "Jay" Cuellar Jr.		1,026.31
6 Is lender	8 Lender address; City; State; Zip Code 108 Boston St. Port Lavaca, TX 77979		10 Interest rate
a financial			0%
Institution?			11 Maturity date
ΥN			N/A
	n / Job title (See Instructions) arce Manager	13 Employer (See Instructions) Seadrift Coke L	.P.
14 Description of Colla	ateral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
7 not applicable 20 Principal Occupat		State; Zip Code  21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address; City; State; Zip Code		Interest rale
Institution? · Y N			Maturity date
Principal occupation	n / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	iteral	Check if personal funds were account (See Instructions)	deposited into political
none			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	•
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	•
If lo	ATTACH ADDITIONAL CO	OPIES OF THIS SCHEDULE AS No	